



0000095358

OPEN MEETING AGENDA ITEM

Original

**ARROYO WATER COMPANY, INC.**

**HC 6 BOX 1048 L**

**PAYSON, ARIZONA 85541**

**928-474-1766**

**FAX: 928-474-7812**

ORIGINAL

April 3, 2009

**Docket Control**

**Arizona Corporation Commission**

1200 W. Washington St.

Phoenix, Arizona 85007

**RE: W-04286A-04-0774**

**Decision # 70206**

Enclosed for docket is the monthly coliform test results, dated 3/11/09 from Test America.

Well meter read: 40817500

Thank you.

Arizona Corporation Commission

**DOCKETED**

**APR 13 2009**

DOCKETED BY

AZ CORP COMMISSION  
DOCKET CONTROL

2009 APR 13 P 3:50

RECEIVED

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-083  
PWS ID Number  
03/11/09 14:45  
Sample Date Time  
(24- hour clock)

Arroyo Water Co.  
Name of Public Water System  
Jay Harrell 928-472-3109  
Owner/Contact Person and 10-Digit Phone Number

MARCH SAMPLE.

4  
Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location
- ☐ Repeat, Other Location
- ☐ Repeat, Downstream Location
- ☐ Repeat, Upstream Location
- ☐ 400mL Repeat (Single Tap Only)
- ☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

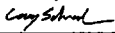
**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		
9223	Present/2 or more coliform)				

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0804-02A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature:   
Date Public Water System Notified: 03/18/2009  
Comments:

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-029

PWS ID Number

03/11/09

Sample Date

13:50

Time

(24- hour clock)

Jake's Corner Water Supply

Name of Public Water System

Jay Harrell 928-472-3109

Owner/Contact Person and 10-Digit Phone Number

**EXTENDED MONITORING**

R1 Follow up

Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.

If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0802-06A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature: Corey Schrader  
Date Public Water System Notified: 03/18/2009  
Comments: \_\_\_\_\_

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-029 \_\_\_\_\_ Jake's Corner Water Supply \_\_\_\_\_  
PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
03/11/09 13:55 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
Sample Date \_\_\_\_\_ Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
(24- hour clock)

**EXTENDED MONITORING**

R2 Follow up \_\_\_\_\_  
Sampling Site ID or Name \_\_\_\_\_

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample \_\_\_\_\_

Choose One:

- ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

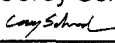
**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0802-07A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature:   
Date Public Water System Notified: 03/18/2009  
Comments: \_\_\_\_\_

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-029 \_\_\_\_\_ Jake's Corner Water Supply \_\_\_\_\_  
PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
03/11/09 13:59 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
Sample Date \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
Time \_\_\_\_\_  
(24- hour clock)

\_\_\_\_\_ R3 Follow up \_\_\_\_\_  
Sampling Site ID or Name

**EXTENDED MONITORING**

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One: ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0802-08A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature: \_\_\_\_\_  
Date Public Water System Notified: 03/18/2009  
Comments: \_\_\_\_\_

**Please mail completed form to:**

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-029  
PWS ID Number  
03/11/09 14:10  
Sample Date Time  
(24- hour clock)

Jake's Corner Water Supply  
Name of Public Water System  
Jay Harrell 928-472-3109  
Owner/Contact Person and 10-Digit Phone Number

**EXTENDED MONITORING**

R4 Follow up  
Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0802-09A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature: *Corey Schrader*  
Date Public Water System Notified: 03/18/2009  
Comments:

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ04-04-029

PWS ID Number

03/11/09

Sample Date

14:15

Time

(24- hour clock)

Jake's Corner Water Supply

Name of Public Water System

Jay Harrell 928-472-3109

Owner/Contact Person and 10-Digit Phone Number

**EXTENDED MONITORING**

R5 Follow up

Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	03/13/2009 11:55	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

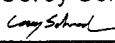
Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.

If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0802-10A Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
Authorized Signature:   
Date Public Water System Notified: 03/18/2009  
Comments: \_\_\_\_\_

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**